



Department of Health
and Human Services

Maine People Living
Safe, Healthy and Productive Lives

AGENCY NAME:	
PROGRAM NAME:	
AGREEMENT START DATE:	
AGREEMENT END DATE:	
DHHS AGREEMENT#:	

EXPENSE SUMMARY

LINE	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
1	EXPENSES	TOTAL PROGRAMS (this agreement)	SERVICE:	SERVICE:	SERVICE:	SERVICE:	SERVICE:
2			PROGRAM:	PROGRAM:	PROGRAM:	PROGRAM:	PROGRAM:
3	PERSONNEL EXPENSES						
4	SALARIES/WAGES						
5	FRINGE BENEFITS						
6	THIRD PARTY IN-KIND (Match Only)						
7	TOTAL PERSONNEL EXPENSES						
8	CAPITAL EQUIPMENT PURCHASES						
9	SUB-RECIPIENT AWARDS						
10	ALL OTHER EXPENSES						
11	OCCUPANCY - DEPRECIATION						
12	OCCUPANCY - INTEREST						
13	OCCUPANCY - RENT						
14	UTILITIES/HEAT						
15	TELEPHONE						
16	MAINTENANCE/MINOR REPAIRS						
17	BONDING/INSURANCE						
18	EQUIPMENT RENTAL/LEASE						
19	MATERIALS/SUPPLIES						
20	DEPRECIATION (Non-Occupancy)						
21	FOOD						
22	CLIENT-RELATED TRAVEL						
23	OTHER TRAVEL						
24	CONSULTANTS - DIRECT SERVICE						
25	CONSULTANTS - OTHER						
26	INDEPENDENT PUBLIC ACCOUNTANTS						
27	TECHNOLOGY SERVICES/SOFTWARE						
28	THIRD PARTY IN-KIND (Match Only)						
29	SERVICE PROVIDER TAX						
30	TRAINING/EDUCATION						
31	MISCELLANEOUS						
32	SUBTOTAL - ALL OTHER EXPENSES						
33	INDIRECT ALLOCATED - G&A (Line 37 x Line 38)						
34	TOTAL ALL OTHER EXPENSES (Lines 32, 33)						
35	TOTAL EXPENSES (Lines 7, 8, 9, 34)						
36	TOTAL AGENCY-WIDE EXPENSES						
37	ALLOCATION BASE						
38	INDIRECT COST RATE (Form 4, Line 6)						